

NC MDS 3.0 Section Q Referral Response Toolkit

North Carolina Department of Health & Human Services

Community Resource Connections



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Introduction

On October 1, 2010, nursing facilities across the country will begin using a new iteration of the Minimum Data Set, called MDS 3.0. The new version includes a revised Section Q designed to identify people residing in nursing facilities who may be interested in talking to someone about moving back into the community.

With guidance from the Health Care Financing Administration, DHHS' Division of Medical Assistance, Office of Long Term Services and Supports, Division of Health Service Regulation and other entities have finalized the referral process required as part of this MDS 3.0 Section Q implementation.

MDS 3.0, Section Q Referral Process in North Carolina

As is required under MDS 3.0, facilities will make a referral when a person residing in a nursing facility indicates under Section Q an interest in speaking with someone about the possibility of returning to the community.

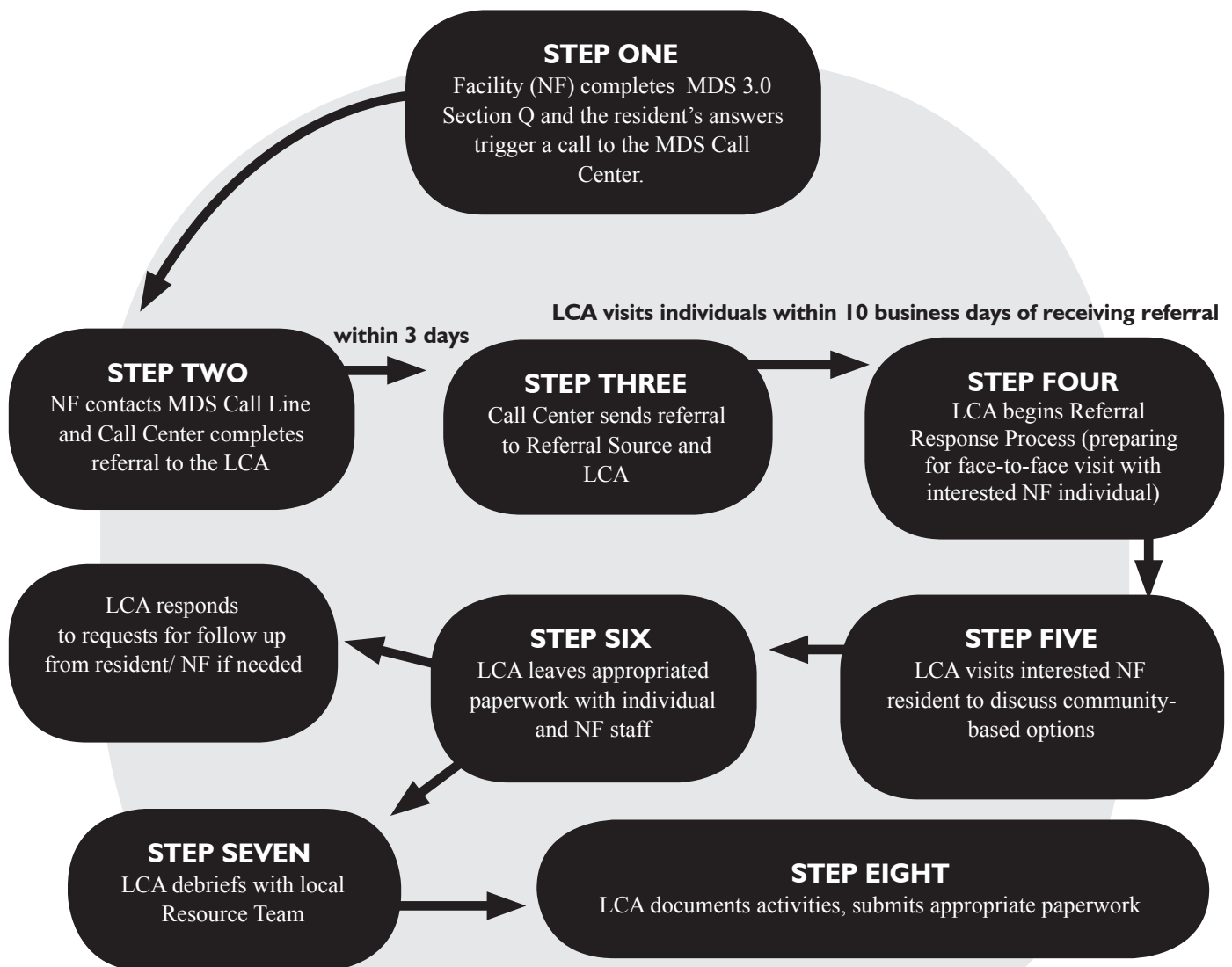
Effective October 1, 2010, nursing facilities can call 1-866-271-4894 to submit Section Q referrals to trained call-center staff between 9:00 a.m. and 5:00 p.m., Monday through Friday.

The Local Contact Agency

Call center staff will forward the facility's referral to the appropriate local agency for a face-to-face follow up meeting with the interested person.

The "Local Contact Agency" ("LCA") is a local, community organization that has been designated by the Office of Long Term Services and Supports. LCAs are responsible for contacting referred individuals and providing information about community support options. The LCA will coordinate these face-to-face conversations with the person residing in the facility, the facility point of contact and as appropriate, family members or other supports.

LCA Referral & Response Flowchart of LCA Activities



Post Face-to-Face LCA Counselor:

1. Completes Personal To Do List Form and leaves with Individual
2. Completes Facility Communication Form
3. Responds (as needed) to requests for follow-up, consultation with NH, and/or with written consents, make referrals.
4. Follows Up as needed with Resource Team
5. Documents Activities

Responding to a Referral

Purpose

- Explore the person's preferences and expectations, and needs associated with community living
- Gather information about needs for long-term services and supports
- Share information about resources for community based long-term services and supports

Introduction

During visitations in a facility, interaction with the individuals is the primary source of information about the quality of their life and care on a daily basis. Often the interview will provide you with details about the care needs of the individuals that may not be apparent to the eye.

At first, the individual may seem reluctant to talk to you. They may not know who you are or understand the purpose of your visit. You will have to take some time to establish a rapport before individuals will feel comfortable talking, which may take a few minutes, be patient.

Smiles are an icebreaker. All of us feel more comfortable talking with a person if they approach us with a friendly smile. Greet the person by name if you know their name or start by introducing yourself; "Hello my name is Robin Smith." "What is your name?" It is important to identify that you are from the community and you are representing the (Local Contact Agency).

It is important that you tell the person that this is an introductory conversation to share information. Help the individual understand that you cannot promise to get them out of the facility. Your role is to provide information about resources available in the area to support community living. In this process, you would work together as a team with equal responsibility in accomplishing tasks. They would lead the team in making decisions about their life.

Tip: Practice introducing your self to family members as if you were greeting the person in the facility. It is important that you become comfortable explaining who you are and why you are there. This will help you become more comfortable.

Establishing Rapport

It is human nature to enjoy receiving a compliment and many individuals do not often hear positive things. Try to find something positive that you might be able to say to them such as: “That’s a pretty sweater you have on today.” Alternatively, “you have a nice smile.” Remember you want to be sincere and want to help them feel good. Another way to establish rapport with someone is to take a personal interest in him or her. Often if there are family pictures or other personal items in their room, you can ask them to tell you about the picture or item. Ask the individual about his or her family. Do they live in the area and how often they visit? Encourage reminiscing by asking questions about the individual’s life and achievements. Sometimes it is easier to remember distant events.

After establishing a rapport, then explain to the person that you are with the LCA and that they have been referred to you because of their interest in returning to community living. Explain that you will need to ask them some questions about life at the facility. Ask them, “Tell me what life is like in this facility, or what makes a good day for you here?”

Active Listening

When talking to an individual who is seated try to avoid standing over them while you talk. Ask if you may sit next to them or on the end of a bed. Face them directly, make eye contact, and give them your undivided attention. Remember that some individuals may have hearing difficulties: others may have communication problems that require patience. Eliminating any background noise can help. Ask permission to turn down the television or to move to a quiet place to talk. If a roommate is present, determine if you need to relocate to provide privacy or draw the privacy curtain.

You may want to use non-verbal cues to let them know you are listening, such as, nodding your head and when appropriate use touch. The individual may reach out for you to hold their hand. A touch on the forearm can convey concern. Repeating what the individual said will let him or her know you are listening. This will give them a chance to clarify a point. Ask follow-up questions: “Can you tell me more?” “When did that happen and where?” “Who did what?” “Who did you tell?” Try to avoid giving advice. Ask for their advice or opinion. This helps them feel validated and able to make their own decisions. Often clarifying who the appropriate contact person should be is all that is needed.

Capacity

You may suspect the person you have come to interview is cognitively impaired. While talking to them you will need to assess their orientation to time of day, date, year, season, place (where they are), person (who they are, do they have children, or they married/widowed, etc.) and their situation (why they need to be in the facility.) You can ask the individual to tell his or her name, and/or the name of the facility. What is the day of the week? What is the season of the year?

Keep in mind that when speaking with a person experiencing disorientation or confusion use a calm, soft, and slow voice. Try to understand their perception of time and place. A confused individual may think that their parents are still alive. Often a person may think that the facility is a work setting and they need to leave to take care of their children. Do not attempt to invalidate their perception of reality. This can lead to distrust or agitation towards the interviewer. Individuals with clear signs of cognitive limitations may not be an accurate source of information about daily life or have the capacity to make a rational assessment about transitions issues/needs. It may be necessary to conclude the face-to-face meeting and make a notation on the Facility Communication Form that the support of a surrogate decision maker is needed.

Confidentiality

The LCA interview is not designed to be a complaint intake. If the individual voices a complaint and asks for help resolving an issue, one of the following steps should be taken:

1. Suggest the person discuss the matter with the Facility Social Worker or Administrator.
2. Give a brief explanation about the Long-Term Care Ombudsman Program and encourage the person to make contact with their Ombudsman [contact information is provide in the tool kit.]

Respect their confidentiality. Be sure to get the individual's permission before you talk to anyone. Use of an individual's name requires permission of the individual or their legal representative. In cases where the individual agrees to have you make a referral, the appropriate consent form needs to be signed authorizing the disclosure of their information, [a consent form is provided in the tool kit.]

Conducting the Interview

The information outlined below should be viewed as a framework to engage the individual in an initial discussion about transition. This outline is not all encompassing and should not substitute for common sense and/or professional judgment.

☐ **Let's talk about your move to this place...**

- How long have you been living here?
- Where were you living before you moved here?
 - Location /Type of residence /With whom
- Did you come to the nursing home directly from the hospital?
 - If yes, why were you in the hospital and for how long
 - Where were you living before being admitted to the hospital?
- If no, what changes occurred in your life that led to your move here? (For instance, were there changes in your medical condition or physical capacity or changes in family supports?)
- How was the decision made for you to move here?
 - Whose idea was it? Why?
 - If it was someone else's idea, were you involved in making the decision?
 - Why did you choose this place over others?
 - What other options did you know about or consider?
 - Did anyone help you learn about other places or options?

☐ **Let's talk about the services and supports (care) you receive here...**

- What medical services, personal assistance, or therapies are you receiving?
- What activities do you participate in (formal and informal)?
- Are there benefits to living here beyond the services and activities, such as friends, social life, or your family lives nearby?
- What do you like most about living here? Please explain or give examples.
- What do you like least about living here? Please explain or give examples.
- What were your expectations or plans when you moved here? Did you think this would be a long or short-term move?
 - How well have your expectations been met?
 - Have you carried out your original plan?
 - If yes, how? / If no, why not?
 - Have you considered moving before now?
 - If so, have you talked about it with anyone? If so, what happened?

☐ **Let's talk about moving to the community...**

- What would be your ideal living situation?
- Do you have a place to live?
 - Location / Type of residence / Living with whom?
- What kind of help do you think you would need to achieve your ideal living situation?
- What problems, concerns, or fears do you anticipate about such a move?

☐ **Let's talk about services and supports that are available for you...**

- Discuss local supportive living options and costs
- Discuss consumer-directed options
- Discuss home and personal care options and associated costs
- Discuss transportation services and associated costs
- Provide information about medical home, Community Care of North Carolina (CCNC) if applicable
- Other transition programs and services
- Other community living supports such as Respite, Chronic Disease Self Management Programs (CDSMP), Adult Day Programs, Congregate Nutrition, Support Groups, etc.

Concluding the Interview

☐ **Let's talk about next steps...**

You (the resident) will need to have a conversation with the Facility Social Worker and participate with the interdisciplinary care plan team to develop your discharge and transition plan of care. Their responsibility is to assist you in planning and preparing for your move out of the facility. This work will include making referrals to agencies in the community that can assist with services and supports. During this conversation, with the care plan team, discuss with them any request you have for additional information.

☐ **Before you leave ...**

- If the individual has asked you to make referrals, they must sign the consent form included in the packet.
- If you are making referrals on behalf of the individual, you must inform the Facility Social Worker or the individual listed as the facility contact on the initial referral request you received for the resident.
- Remind them (the resident) that they are under no obligation to move, or change and that they may choose to stop participating at any time.
- Complete Personal To Do List form [Leave it with them]
- Complete Facility Communication Form [Can be completed and left on site or mailed within 5 days.]

Local Contact Agency Facility Communication Form

TO: _____

FROM: _____

DATE: _____

Reference

Visit

Referral # _____

Date: _____

The individual subject to the referral noted above received a visit from a representative of the MDS 3.0 Section Q Local Contact Agency.

☐ The LCA was unable to complete the interview because _____

☐ The LCA was unable to complete the interview referral for follow-up will be made to _____

☐ The individual subject to the referral made no requests.

☐ At the individual's request, the following information is shared _____

☐ Individual requests MFP Application be completed and submitted.

Counselor Name

Phone Number

Personal To Do List for Transition Next Steps:

If you want to know more about how to pursue moving back to the community:

- ☐ **Speak with the facility Social Worker to discuss** _____

- ☐ **Ask to participate in your next Interdisciplinary Care Plan Conference and discuss your desire to return to community living**
- ☐ **Speak with family and other supports about your interest in pursuing a move back to the community**
- ☐ **Contact:** _____

If want more assistance from the Local Contact Agency you may contact us at

Counselor Name: _____

Phone Number: _____

Counselor Note: At the conclusion of your visit, assist the individual with completing this form and leave it with them.

LCA Contact Checklist

Referral # _____

Date contact initiated _____

Appointment Date _____

		QUESTIONS OR TASKS	NOTES
Pre-Visit	Contact Facility	1. What is already in place to assist with transition and the status of the discharge plan?	
		2. Where does the person want to move?	
		3. What is their financial status?	
		4. Is there a Guardian or Power of Attorney?	
		5. What are the "known" challenges or barriers?	
		6. Is the individual able to speak with you by phone to set up the face to face?	
		7. Does the individual have the capacity to comprehend and retain the information you would likely share?	
		8. Does the individual have the capacity to communicate the information discussed during the interview with others?	
		9. When is the best time to visit?	
	Schedule Visit	Contact the individual by phone if possible to schedule the visit; you may work with staff to schedule as well.	
Gather Resources	Gather the material you believe you will need for the face-to-face meeting, including any need for accommodation.		
Visit	Past	Let's talk about your move to this place...	
		Where were you living before you moved here? (Location /Type of residence /With whom)	
		Did you come to the nursing home directly from the hospital? If yes, why were you in the hospital and for how long? If no, where were you living before being admitted to the nursing home?	
		In addition, what changes occurred in your life that led to your move here? (For instance, were there changes in your medical condition or physical capacity or changes in family supports?)	
		How was the decision made for you to move here? Whose idea was it? Why? If it was someone else's idea, were you involved in making the decision?	
		Why did you choose this place over others? What other options did you know about or consider?	
		Did anyone help you learn about other places or options?	
		Let's talk about the services and supports (care) you receive here...	
	What medical services, personal assistance, or therapies are you receiving?		
	What activities do you participate in (formal and informal)? Are there benefits to living here beyond the services and activities, such as friends, social life, or your family lives nearby?		

LCA Contact Checklist, continued

	Present	What do you like most about living here? Please explain or give examples.	
		What do you like least about living here? Please explain or give examples.	
		What were your expectations or plans when you moved here? Did you think this would be a long or short-term move? How well have your expectations been met?	
		Have you carried out your original plan? If yes, how? /If no, why not? Have you considered moving before now? If so, have you talked about it with anyone? If so, what happened?	
Visit, continued	Future	Let's talk about moving to the community...	
		What would be your ideal living situation? Do you have a place to live? Location / Type of residence / Living with whom?	
		What kind of help do you think you would need to achieve your ideal living situation?	
		What problems, concerns, or fears do you anticipate about such a move?	
		Let's talk about services and supports that are available for you...	
		<ul style="list-style-type: none"> • Discuss local supportive living options and costs • Discuss consumer-directed options • Discuss home and personal care options and associated costs • Discuss transportation services and associated costs • Provide information about medical home (CCNC) if applicable • Other transition programs and services • Other community living supports such as Respite, CDSMP, Adult Day Programs, Congregate Nutrition, Support Groups, etc. 	
Post-Visit	Gather additional resources as needed	If during the course of the meeting information was requested that you did not have access to or information about during the interview. Provide the individual a timeline for when they may expect follow-up	
	Follow-up as needed	Note information the individual and/facility needs as follow-up. If you have concern about the individual's capacity, discuss who they want as a support or surrogate contact.	
	Make Referrals as needed	If you are going to make a referral on the individual's behalf (at their request), have the individual sign the consent form. The consent form is not needed to share information with the facility. However, you must discuss with the individual everything you plan to share with the facility.	
	Close Contact	Note in tracking system the date of the visit and results, referral, etc.	

Date completed _____

Disposition Date _____

Money Follows the Person

Some Basic Answers to Some Basic Questions about North Carolina's *Money Follows the Person* Effort....



WHAT IS IT?

- It is a state demonstration project that assists people who live in *inpatient facilities* to move into their own communities with supports.
- The Project's intent is to support North Carolinians to have greater choice about where they receive their long-term supports.
- The Project also helps identify and address barriers to receiving quality, community-based, long-term care and supports.
- The Project is funded by Medicaid dollars through a partnership between North Carolina's Division of Medical Assistance and the federal agency, the Centers for Medicare and Medicaid Services.

WHAT ARE THE BENEFITS OF PARTICIPATING?

- **Community-Based Funding for Supports**
MFP participants receive personal supports and other services through Medicaid's Community Alternatives Program ("CAP") or the PACE Program.
- **Transition "Start Up" Funding**
Each participant may be eligible for up to \$3,000 in order to secure items and services needed to transition. These include: security deposits, utility start up expenses, furniture, accessibility modifications or other one-time items and services that may be required to transition.
- **More Options in Long-Term Support**
Participation in this Project is completely voluntary. The Project simply provides eligible residents of inpatient facilities an option to receive supports and services in their communities.

WHO QUALIFIES?

In order for a person to qualify for the Project, the person must:

- have lived in a hospital, skilled nursing facility or an intermediate care facility for people with developmental disabilities for at least three months AND
- meet the CAP program eligibility requirements AND
- be receiving Medicaid services before the transition AND
- choose to move to a “qualified residence.” A “qualified residence” is:
 - a person’s own home
 - a person’s family’s home
 - a person’s own apartment
 - a group home with four or fewer people.*

*in NC this option is only available under CAP MR/DD

The Project is not active in every part of the state and certain restrictions apply to the three month timeframe.

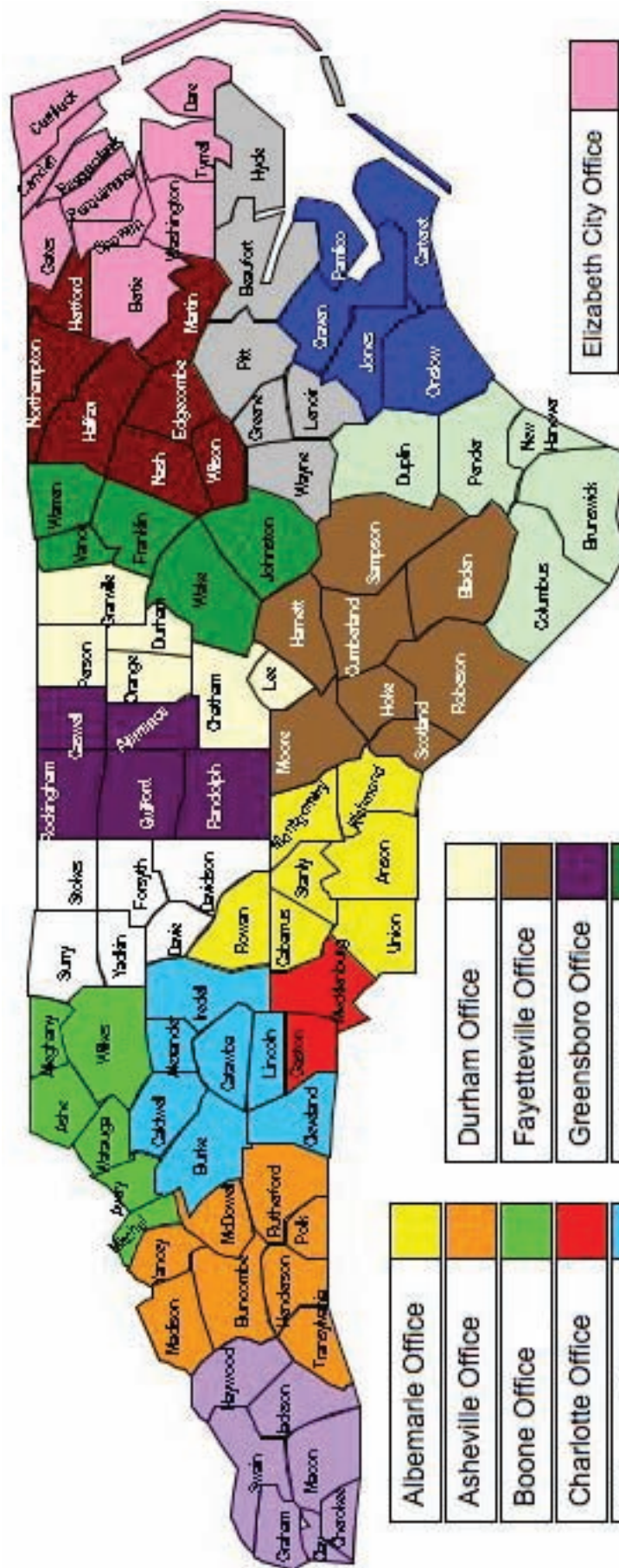
IF I WANT TO PARTICIPATE OR WANT MORE INFORMATION, WHAT DO I DO?

- **Contact the Project : 1-855-761-9030**
- **Visit the Project’s Website: www.mfp.ncdhhs.gov**



IL Rehab Program Service Areas DVR/IL-MFP

Transition Coordination Map



Albemarle Office
Asheville Office
Boone Office
Charlotte Office
Hickory Office
Sylva Office

Ashley McGill, M.Ed, CRC
 5501 Executive Ctr Dr, Ste 101
 Charlotte, NC 28212
 (704) 568-8804 x 346
ashley.mcgill@dhhs.nc.gov

Durham Office
Fayetteville Office
Greensboro Office
Raleigh Office
Winston-Salem Office

Christan Poston, MS
 3401-A West Wendover Ave 27407
 Greensboro, NC 27407
 (336) 852-4523
christan.poston@dhhs.nc.gov

Elizabeth City Office
Greenville Office
New Bern Office
Rocky Mount Office
Wilmington Office

Alston Quinn, BS
 101 Foxhaven Dr
 Greenville, NC 27858
 (252) 830-3471
alston.quinn@dhhs.nc.gov

Regional Long Term Care Ombudsmen

Region	Name, Number, and Email	Counties
A	Sara Jane Melton (828) 586-1962 ext.220 sarajane@regiona.org	Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain
B	Barbara Hinshaw (828) 251-6622 ext.109 1-800-727-0557, toll free barbara@landofsky.org	Buncombe
	Terry Collins (828) 251-6622 ext.112 1-800-727-0557, toll free terry_c@landofsky.org	Henderson, Madison
	Lee Ann Smith (828) 251-6622 ext.110 1-800-727-0557, toll free lasmith@landofsky.org	Buncombe, Transylvania
C	Mandy Johnson (828) 287-2281 ext 1225 1-800-331-9891, toll free mjohnson@regionc.org	Cleveland, Rutherford
	Katherine Whitson (828) 287-2281 ext. 1231 1-800-331-9891, toll free kwhitson@regionc.org	McDowell, Polk
D	Alex Jernigan (828) 265-5434 ext.126 1-866-219-3643, toll free ajernigan@regiond.org	Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey
E	Roxanne Powell (828) 485-4213 Roxanne.Powell@wpcog.org	Alexander, Burke, Caldwell Catawba
F	Cindy Kincaid (704) 348-2715 (704) 779-7138 (cell) 1-800-508-5777, toll free ckincaid@centralina.org	Iredell, Lincoln, Gaston,
	Debi Lee (704) 348-2714 1-800-508-5777, toll free dlee@centralina.org	Mecklenburg Nursing and Adult Care Homes
	Hillary Kaylor (704) 348-2724 1-800-508-5777, toll free hkaylor@centralina.org	Mecklenburg Nursing Homes

F	Patricia Cowan (704) 688-6503 1-800-508-5777, toll free pcowan@centralina.org	Stanly, Rowan
	Laurie Abounader (704) 348-2739 (704) 699-3958 (cell) 1-800-508-5777, toll free labounader@centralina.org	Cabarrus, Anson and Union
G	Don Heermans (336) 294-4950 dheermans@ptcog.org	Randolph (all facilities) Montgomery (all facilities) Alamance (all facilities)
	Dorian Fredricksen (336) 294-4950 dfredricksen@ptcog.org	Davidson (all facilities), Guilford Adult Care Homes
	Kim D. Johnson (336) 294-4950 kjohnson@ptcog.org	Caswell (all facilities) Guilford Nursing Homes
	(vacant) (336) 294-4950	Rockingham (all facilities)
I	Grecia Gaura (336) 608-3565 ggaura@nwpcog.org	Stokes (all facilities) Forsyth (Adult Care Homes)
	Tenesha Moore (336) 608-3566 tmoore@nwpcog.org	Surry, Yadkin (all facilities) Forsyth (Nursing Homes)
	Vickie Turner (336) 608-3567 vturner@nwpcog.org	Davie (all facilities)
J	Charlotte Terwilliger (919) 558-9401 cterwilliger@tjcog.org	Chatham (all facilities) Orange (all facilities)
	Carmelita Karhoff (919) 558-2714 ckarhoff@tjcog.org	Durham (all facilities)
	Aimee Kepler (919) 558-2719 akepler@tjcog.org	Wake (Adult Care Homes)
	Jennifer Link (919) 558-9404 jlink@tjcog.org	Wake (Nursing Homes)
	Nancy Murphy (919) 558-2703 nmurphy@tjcog.org	Johnston (all facilities) Moore (all facilities) Lee (all facilities)

K	Kimberly Hawkins (252) 436-2050 1-866-506-6223, toll free khawkins@kerrtarcog.org	Franklin, Granville, Person, Vance, Warren
L	Abigail W. Harper (252) 234-5963 aharper@ucpcog.org	Wilson, Northhampton,
	Helen U. Burke (252) 234-5962 helen.urie@ucpcog.org	Edgecombe, Halifax, Nash
M	Andrea W. Valdez (910) 323-4191 ext. 25 andrea@mccog.org	Cumberland, Harnett,
	Tracy Davis (910) 323-4191 ext. 27 tdavis@mccog.org	Sampson
N	Twilla C. Allen (910) 272-5061 1-866-582-4251, toll free tca@lrcog.org	Bladen, Hoke, Richmond, Robeson, Scotland
O	Patricia Sacchetti (910) 395-4553 1-800-218-6575, toll free psacchetti@capefearcog.org	Brunswick, Columbus
	Audrey Marshall (910) 395-4553 1-800-218-6575, toll free amarshall@capefearcog.org	New Hanover, Pender
P	Sheila Lewis (252) 638-3185 ext.3010 1-800-824-4648, toll free slewis@eccog.org	Craven, Duplin, Jones, Onslow
	Angelia Pridgen (252) 638-3185 ext.3007 1-800-824-4648, toll free apridgen@eccog.org	Carteret, Greene, Lenoir, Pamlico, Wayne
Q	Annette Eubanks (252) 974-1838 aeubanks@mideastcom.org	Beaufort, Bertie, Hertford, Martin, Pitt
R	Debra Sheard (252) 426-5753 ext.225 dsheard@albemarlecommission.org	Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrell, Washington

North Carolina's Bill of Rights for Nursing Home Residents

(Condensed Version)

Every Resident Shall Have the Following Rights:

1. To be treated with consideration, respect, and full recognition of personal dignity and individuality.
2. To receive care, treatment, and services that are adequate and appropriate, and in compliance with relevant federal and State statutes and rules.
3. To receive at the time of admission and during stay, a written statement of services provided by the facility, including those required to be offered on an as needed basis, and of related charges. Charges for services not covered under Medicare and Medicaid shall be specified. The patient will sign a written receipt upon receiving the above information.
4. To have on file physician's orders with proposed schedule of medical treatment. Written, signed evidence of prior informed consent to participation in experimental research shall be in patient's file.
5. To receive respect and privacy in the patient's medical care program. All personal and medical records are confidential.
6. To be free of mental and physical abuse. Except in emergencies, to be free of chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
7. To receive from the administration or staff of the facility a reasonable response to all requests.
8. To associate and communicate privately and without restriction with persons and groups of the patient's choice at any reasonable hour. To send and receive mail promptly and unopened. To have access to a telephone where the patient may speak privately. To have access to writing instruments, stationery and postage.
9. To manage his/her own financial affairs unless other legal arrangements have been implemented. The facility may also assist the patient, but is required to follow stringent guidelines.
10. To have privacy in visits by the patient's spouse, and if both are patients in the same facility, they shall be given the opportunity, where feasible, to share a room.
11. To enjoy privacy in his/her room.
12. To present grievances and recommend changes in policies and services personally, through other persons or in combination with others, without fear of reprisal, restraint, interference, coercion, or discrimination.
13. To not be required to perform services for the facility without personal consent and the written approval of the attending physician.
14. To retain, to secure storage for, and to use personal clothing and possessions, where reasonable.
15. To not be transferred or discharged from a facility except for medical, financial, or their own or other patient's welfare, nonpayment for the stay or when mandated by Medicare or Medicaid. Any such transfer shall require at least five days' notice, unless the attending physician orders immediate transfer, which shall be documented in the patient's medical record.
16. To be notified within ten days after the facility's license is revoked or made provisional. The responsible party or guardian must be notified as well.



Disability Rights North Carolina provides advocacy and legal representation for North Carolinians with disabilities. You could be eligible for Disability Rights NC's services if you:

- Have a developmental or intellectual disability;
- Have a psychiatric or emotional disability;
- Live in a licensed facility in North Carolina;
- Have a physical, learning, or sensory disability; or
- Have a traumatic brain injury.

If you have a disability, Disability Rights NC may be able to help if you:

- Live in a licensed facility and have been abused, neglected, or your rights have been violated;
- Need items to help you live more independently, such as communication devices, power wheelchairs, lifts, or ramps;
- Have been treated unfairly by a program that provides housing, transportation or other service; or
- Need basic support, personal care, therapy, health care, and other individualized treatment.

How to Contact Disability Rights NC

Call, email or fax:

919-856-2195 voice

877-235-4210 voice

888-268-5535 TTY

919-856-2244 fax

info@disabilityrightsnc.org

Write to:

**Disability Rights North Carolina
2626 Glenwood Avenue, Suite 550
Raleigh, North Carolina 27608**

Website: www.disabilityrightsnc.org



N.C. Division of Services for the Deaf and the Hard of Hearing

The Division of Services for the Deaf and the Hard of Hearing (DSDHH) provides resources and links to programs all across the state to people with hearing loss. DSDHH's specially-trained staff, many of whom are Deaf, Hard of Hearing or Deaf-Blind, are housed at seven Regional Centers located throughout North Carolina.

DSDHH services are available to all North Carolinians who have questions, concerns, or needs affecting Deaf, Hard of Hearing and Deaf-Blind individuals. Information and referrals typically are provided when more specialized services or access to basic services are needed.

For More
Information about
Services
Call
(800) 851-6099

DSDHH Equipment
Distribution Services
are available to
those who
demonstrate
residency in NC,
evidence of hearing
loss and an income
at or below 250%
federal poverty level.

DSDHH Regional Centers

Regional Centers serve all 100 counties and are located in:

- Asheville
- Charlotte
- Greensboro
- Morganton
- Raleigh
- Wilmington
- Wilson

Each of the DSDHH Regional Centers provide customers with services to gain communication access, Deaf support, Hard of Hearing support, Deaf-Blind support, Emergency Preparedness, Interpreter Services support and Technology support. To find the Regional Center nearest you, visit the DSDHH web site: www.ncdhhs.gov/dsdhh

Customers

DSDHH serves all North Carolinians who have questions, concerns or needs affecting individuals who are Deaf, Hard of Hearing and Deaf-Blind, Visually-Impaired, Speech-Impaired, family members or Children of Deaf Adults. Other customers include private and public agencies, medical and health care facilities, community organizations, education services and businesses.

A variety of services provided include advocacy, communication instruction, life skills development, counseling, information, referral, outreach, technology consultation, technology training and equipment distribution such as telephones, hearing aids and assistive equipment. Agencies can receive services that include collaboration, technology consultation, interpreter services consultation, staff interpreting, workshop / training, information and outreach.



State of North Carolina • Department of Health and Human Services • www.ncdhhs.gov
Division of Services for the Deaf and the Hard of Hearing
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**North Carolina
Assistive Technology Program**

Phone: 919-850-2787 (voice/TTY)

Website: www.ncatp.org

Assistive Technology or “AT” is any piece of equipment or device that a person with a disability uses to make everyday living easier and be more independent.

North Carolina Assistive Technology Program (NCATP) is a state and federally funded program created under the Assistive Technology Act 2004 (P. L.108-364), to increase statewide access of assistive technology to people of all ages and abilities. The contents of this document were developed under a grant from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal government.

NCATP SERVES:

- Children, adults, & older adults with disabilities and their families
- Older adults experiencing difficulty with daily activities
- Professionals in disability related fields such as health care, social services, education, or other human services
- Employers and employees in private and public settings

NCATP PROVIDES:

- AT Centers and satellite, sites provide AT services to all 100 counties.
- Hands-on demonstration of AT for computer use, activities of daily living, listening, Communication, telecommunication, mobility, education, learning, leisure, play, alarm emergency systems and environmental control
- Short-term AT loan to try out devices
- AT resource information & referral to other programs
- Awareness activities on AT & general overview of NCATP services
- Advocacy for individuals & their families on their rights to AT services
- Funding resource information based on the person's needs
- Access to previously owned devices on the NC Technology Exchange Post website: www.ncexchangepost.org or call 919-850-2787 (Voice/TTY).

AGENCIES, SCHOOLS & OTHER ORGANIZATIONS CAN PURCHASE:

- Technical assistance in selecting devices showing the range of AT options
- Assistive technology assessments
- Feature matching & device trial
- Training on a specific devices / software
- Consultation services
- Specialized workshops / seminars, group training, and technical presentations

NCATP is administered by the Division of Vocational Rehabilitation Services in NCDHHS

ASSISTIVE TECHNOLOGY SERVICE LOCATIONS

Statewide:

Director: Tammy D. Koger
Funding Specialist: Annette Lauber
Consumer Resource Specialist: David Schultz
Administrative Support: Tina Wesley, Kim Morris
1110 Navaho Drive, Suite 101, Raleigh, NC 27609
919-850-2787 (Voice/TTY) 919-850-2792 (Fax)

Central:

Lynne Deese, April Furr
Administrative Support: Frank Harden
1110 Navaho Drive, Suite 101, Raleigh, NC 27609
919-850-2787 (Voice/TTY) 919-850-2792 (Fax)

Julie Dutchess

LCI 2711 Tramway Rd, Sanford, NC 27332
919-775-3439 Ext 221 (Voice/TTY)
919-774-6926 (Fax)

Page Norris-Mikol

Administrative Support: Mary Newsome
3407-H West Wendover Ave., Greensboro, NC 27407
336-297-2180 (Voice) 336-297-2181 (Fax)

Paul Eklund NCATP Office

131 Miller Street, Winston – Salem, NC 27103
336-716-8030 (Voice) 336-716-8005 (Fax)

Satellite NCATP office

Whitaker Rehabilitation Center
336-716-8030 (Voice/TTY) 336-716-8005 (Fax)

East

Star Vaught, Dashayna Armstrong, J. Cathy Pannell
Administrative Support: Judy Pike
DVRS 2313-A Executive Park Circle
Greenville, NC 27834
252-830-8575 (Voice/TTY) 252-830-8576 (Fax)

Satellite NCATP office

Elizabeth City Independent Living
252-830-8575 (Voice/TTY) 252-830-8576 (Fax)

Ja Medicott

3340 Jaeckle Dr, Suite 201, Wilmington, NC 28403
910-251-7078 (Voice) 910-251-7079 (Fax)

Lorene Roberson: AT Specialist for Hearing Loss
Rocky Mount Independent Living, Station Square
Suite 100, Rocky Mount, NC 27804
252-446-4330 252-446-5700 Ext. 224 (Voice/TTY)
252-446-3191 (Fax)

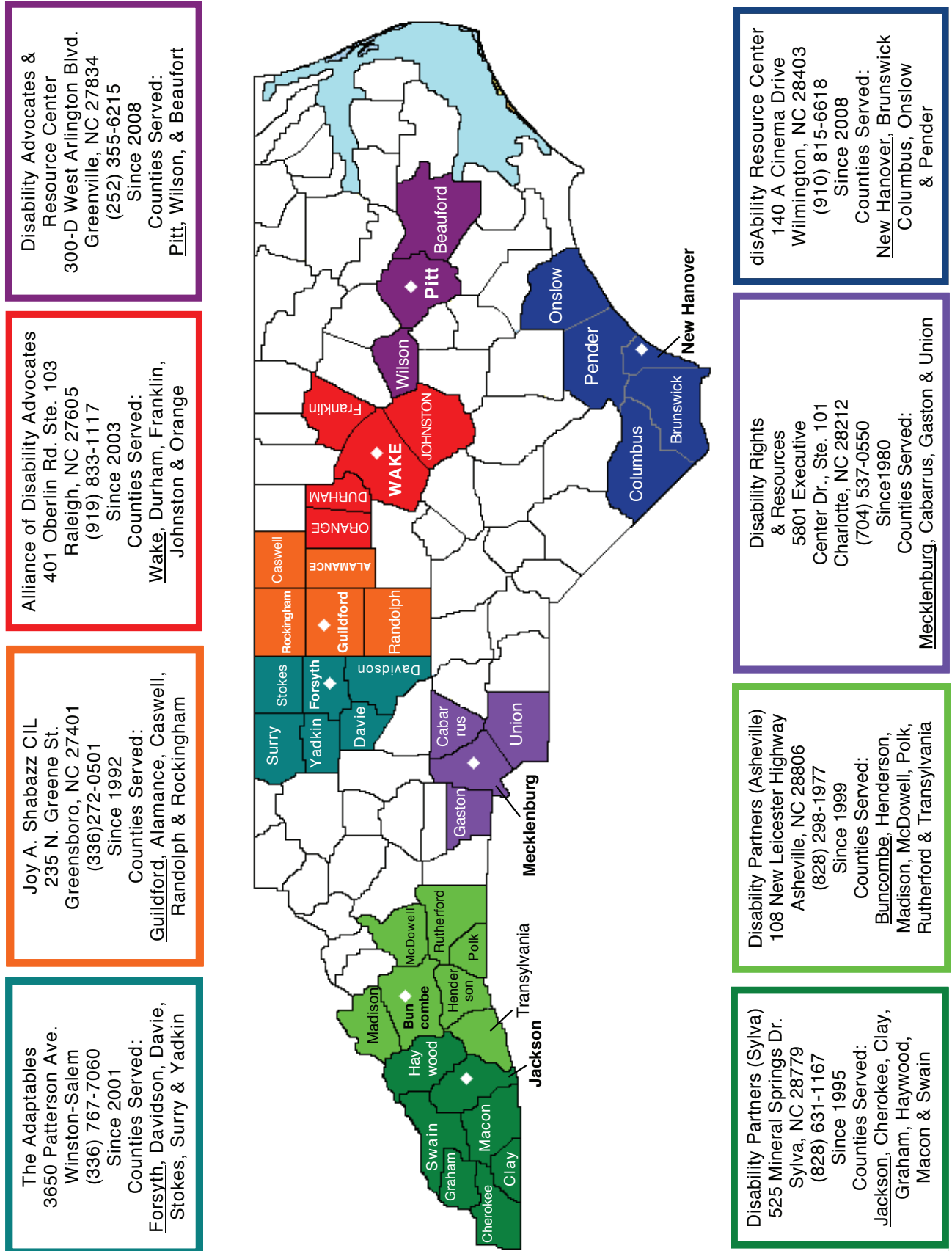
West:

Mary Kay Dulin, Rae Bachus
100 Bonnie Lane, Suite B, Sylva, NC 28779
828-631-9461 (Voice/ TTY) 828-631-9259(Fax)

Shelby Kennerly; Administrative Support:
DVRS – 200 Enola Road, Morganton, NC 28655
828-433-2431 (Voice/TTY) 828-433-2095(Fax)

Celeste Helling, Tammy Pereboom
Administrative Support: VACANT
DVRS 5501 Executive Center Dr., Suite 105, Suite
110 Charlotte, NC 28212
704-566-2899 (Phone) 704-566-2862(Fax)
704- 568-8573 (TTY)

Centers for Independent Living (CIL) Map





Living Healthy

Empowering Older People to Take More Control of Their Health



The North Carolina Division of Aging and Adult Services (DAAS), the Division of Public Health (DPH), and North Carolina's 17 Area Agencies on Aging are mobilizing a statewide campaign to implement and sustain the Stanford University's Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP), referred to in North Carolina as ***Living Healthy*** and ***Living Healthy with Diabetes***, respectively.

Basic program information

Living Healthy and ***Living Healthy with Diabetes*** are highly participatory workshops that take place once a week for 6 weeks. Each session is 2 ½ hours long, and all workshops are facilitated by 2 trained leaders (many of whom are volunteers) who follow a detailed manual, so that each workshop is highly consistent.



Living Healthy and ***Living Healthy with Diabetes*** are designed to enhance regular treatment. ***Living Healthy*** is appropriate for people with a wide variety of chronic health conditions. During one ***Living Healthy*** workshop, there may be several participants with arthritis, a few with diabetes, some with heart disease, and others who have been diagnosed with multiple chronic conditions. ***Living Healthy with Diabetes*** covers much of the same information as ***Living Healthy***, but about 50% of the material is tailored to

those living with or caring for someone with Diabetes.

Topics addressed during the workshops

These programs are not designed to help people to learn more about chronic conditions, but rather to learn the skills and tools to better manage chronic conditions. Participants will learn:

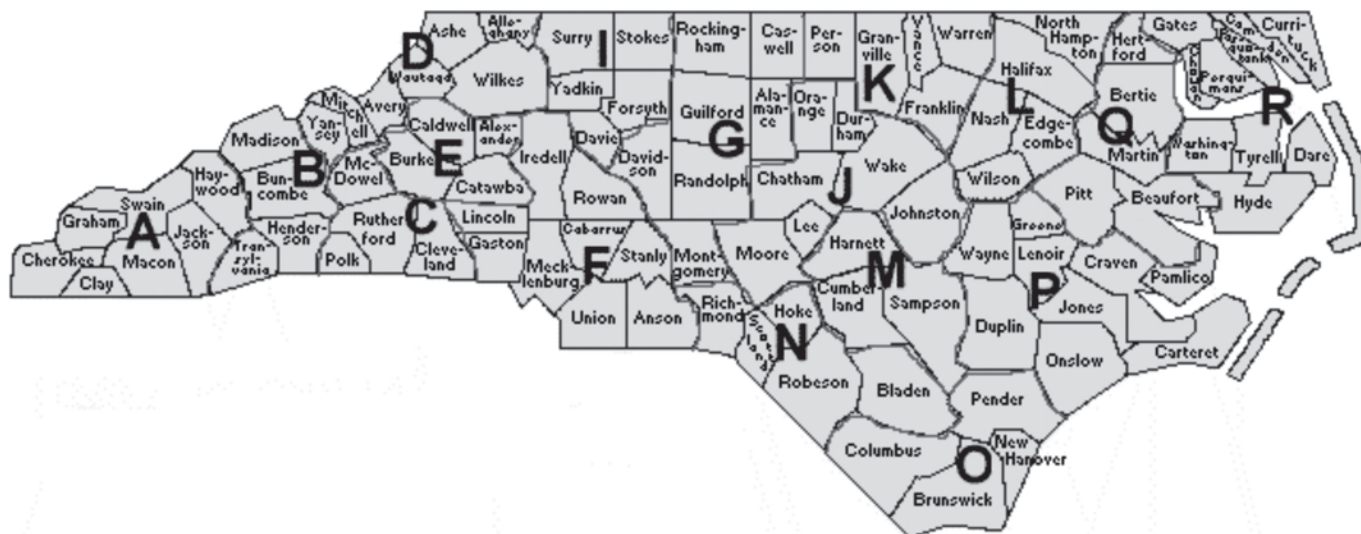
- ◆ techniques to deal with problems such as frustration, fatigue, pain and isolation
- ◆ appropriate management of medications
- ◆ skills for effectively communicating with friends, family, and health care providers
- ◆ healthy eating guidelines and exercise tips
- ◆ how to make informed treatment decisions.
- ◆ and MUCH MORE!

To find workshops near you, please visit:
www.ncdhhs.gov/aging/livinghealthy/livinghealthy.htm

**For more information, please contact Serena Weisner
serena.weisner@dhhs.nc.gov or (919) 733-0440, ext. 246**

North Carolina Living Healthy Map

Living Healthy and Living Healthy with Diabetes is offer statewide



17 Living Healthy Regional Coordinators

Region	Coordinator	Contact Info
A	Jeanne Matthews	Southwestern Commission (828) 586-1962, Ext. 217 jeanne@regiona.org
B	Rebecca Chaplin	Land-of-Sky Regional Council (828) 251-6622, Ext. 117 Rebecca@landofsky.org
C	Michelle Templin	Isothermal Planning and Development (828) 287-2281, Ext. 1248 templin@regionc.org
D	Tonia Cook	High Country COG (828) 265-5434, Ext. 113 tcCook@regiond.org
E	Tina Miller	Western Piedmont COG (828) 485-4216 Tina.miller@nwpcog.org
F	Linda Miller	Centralina COG (704) 348-2712 lmiller@centralina.org
G	Adrienne Calhoun	Piedmont Triad COG (336) 294-4950, Ext. 323 acalhoun@ptcog.org
I	Alexis Gabard	Northwest Piedmont COG (336) 761-2111, Ext. 4125 agabard@nwpcog.org
J	Jane Armstrong	Triangle J COG (919) 558-9341 jarmstrong@tjicog.org

Region	Coordinator	Contact Info
K	Sheila Brown	Kerr-Tar Regional COG (252) 436-6026 sbrown@kerrtarco.org
L	Abigail Harper	Upper Coastal Plan COG (252) 234-5956 AWalton@ucpcog.org
M	Tracy Davis	Mid-Carolina COG (910) 323-4191, Ext. 27 tdavis@mccog.org
N	Margaret Kelly	Lumber River COG (910) 272-5081 msk@mail.lrcog.dst.nc.us
O	Janeen Padavich Annette Crumpton	Cape Fear COG (910) 395-4553, Ext. 205 jpadavich@capefearcog.org awcrumpton@gmail.com
P	Jillian Hardin	Eastern Carolina COG (252) 638-3185, Ext. 3015 jhardin@eccog.org
Q	Edwina Fyle	Mid-East Commission (252) 974-1836 efyle@mid-eastcom.org
R	Lynne Raisor	Albemarle Commission (252) 426-5753, ext. 232 lraisor@albemarlecommission.org

COG = Council of Governments

Local Contact Agency

Consent for the Release of Confidential Information

I, _____ authorize,
NAME OF CLIENT

NAME OR GENERAL DESIGNATION OF FACILITY MAKING DISCLOSURE

to disclose to, _____ the following information:
NAME OF LOCAL CONTACT AGENCY TO WHICH DISCLOSURE IS TO BE MADE

NATURE AND AMOUNT OF INFORMATION TO BE DISCLOSED, AS LIMITED AS POSSIBLE

The purpose of the disclosure authorized in this consent is to:

PURPOSE OF DISCLOSURE, AS SPECIFIC AS POSSIBLE

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law.

I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Signature of Client

Date

Signature of person signing form if not client

Date

Describe authority to sign on behalf of client _____

Witness

Date



Independent Living

Division of Vocational Rehabilitation

North Carolinians want to participate in family and community activities to the best of their abilities. For North Carolinians with significant disabilities, the Independent Living Rehabilitation Program can be a partner on your road to better managing your own life and taking a more active part in the life of your family, home and community.

How Can IL Services Help?

Independent Living assists eligible individuals with significant disabilities in obtaining services that:

- ☐ Provide an alternative to institutionalization, when possible.
- ☐ Improve functioning in one's family, home and community.
- ☐ Assist in preparing a person for a vocational rehabilitation program.

Services may be provided directly, purchased, or coordinated through other community resources.

If IL is unable to meet a person's needs, that individual may be referred to other agencies for services as appropriate.

Who Is Eligible for Services?

An individual may be eligible for IL services if all of the following apply:

- ☐ The person has a significant disability.
- ☐ The disability severely limits the person's ability to live independently.
- ☐ Receipt of services will significantly improve the person's ability to live independently.

The financial resources of eligible individuals will be considered for the delivery of some services provided under the IL program.

What Services Are Offered?

IL program professionals will partner with eligible individuals to develop goals and identify services. These may include:

- ☐ Guidance and counseling
- ☐ Rehabilitation engineering
- ☐ Personal assistance service
- ☐ Home and vehicle modifications
- ☐ Housing information and placement assistance
- ☐ Purchase of certain medical equipment and assistive devices.

Albemarle	(704) 985-1172	1-877-699-7579	702 Henson Street 28001
Asheville	(828) 670-3377	1-877-832-3832	8 Barbetta Drive 28806
Boone	(828) 265-5419	1-888-521-5054	245 Winklers Creek, Suite A 28607
Charlotte	(704) 568-8804	1-888-521-5484	5501 Executive Ctr Dr, Suite 101 28212
Durham	(919) 560-6815	1-888-666-4916	4312 Western Park Place 27705
Elizabeth City	(252) 338-0175	1-800-342-9797	401 South Griffin St, Suite 75 27909
Fayetteville	(910) 486-1717	1-888-258-1473	1200 Fairmont Court 28304
Greensboro	(336) 852-4523	1-877-836-2858	3401-A West Wendover Avenue 27407
Greenville	(252) 830-3471	1-800-830-8133	P.O. Box 2487 27835
Hickory	(828) 322-2921	1-855-820-1113	1261 10th Avenue Lane SE 28602
New Bern	(252) 514-4806	1-888-521-5060	2832 Neuse Blvd 28562
Raleigh	(919) 715-0543	1-888-479-6095	1300 St. Mary Street 27609
Rocky Mount	(252) 446-0867	1-888-215-8520	Station Square, Suite 100 27804
Sylva	(828) 586-3455	1-877-282-0753	100 Bonnie Lane, Suite C 28779
Wilmington	(910) 251-5810	1-888-521-5665	3340 Jaeckle Drive, Suite 210 28403
Winston-Salem	(336) 784-2700	1-877-699-7578	2201 Brewer Road 27127

CCNC/CA: The Benefits of Being a Member-Medicaid

Community Care of North Carolina (CCNC) and Carolina ACCESS (CA) are two parts of DMA's managed care plan known as CCNC/CA. Being a member has the following advantages:

Benefit	CCNC	CA	Regular Medicaid
Coverage	Same	Same	Same
A primary care doctor (a medical home)	Yes	Yes	No
A care manager to help manage your health	Yes	No	No
A place to call 24 hours a day, 7 days a week for medical advice	Yes	Yes	No requirement; patient may have to rely on the hospital emergency department for primary care
Special help in managing your medications	Yes	No	No
Monitored for Quality of care	Yes	No	No

You can choose your medical home. A different medical home can be chosen for each family member. Your primary care doctor knows your medical history and can help you get the care you need to stay healthy and active. Your medical home can help you be as healthy as possible. Getting regular and preventive care promotes a healthy and happy life!

Most of your health care can be provided in your medical home. This includes regular checkups, flu prevention, and other services to keep you healthy.

Your medical home provides treatment and/or medical advice 24 hours a day, 7 days a week. Check your Medicaid ID card for your doctor's daytime and after-hours phone numbers. By calling your medical home, it may mean you won't have to go to the doctor or the emergency room as often.

Your local County Department of Social Services (DSS) office has a complete list of participating doctors. If you do not choose a medical home, you may be automatically assigned to one.

Managing your own health care is important for good health. CCNC has health care managers who can assist you with such things as understanding your doctor's instructions, making appointments, explaining how to take your medications and teaching you how to manage your chronic care needs.

Your primary doctor will make referrals to other doctors if you need special care not provided in your primary doctor's office. They listen to what you have to say and work with you to reach your goals for better health.

CCNC has a team of doctor's and nurses who work with primary care doctors across the state. They help your doctor provide the best care for you as possible.

Questions? Call your local Department of Social Services. Need a phone number? Here's an online lookup that can help: <http://www.ncdhhs.gov/dss/local/>. Additional information about services in your community may be found on the Website for NCcareLINK at www.nccarelink.gov.

Finding Housing Resources

The lack of affordable and accessible housing in North Carolina remains a significant barrier to meeting the needs of extremely low income households, the elderly, and persons with disabilities. The following are places to find information about housing resources in your community. Many of these materials are available over the Internet. If you need access to a computer visit your local public library.

Locate available rental units –

Go to NC Housing Search at www.nchousingsearch.org. At the left side of the page under “For Renters” click on Find Housing. The NC Housing Search can provide you with available apartments across the state. NC Housing Search is an affordable housing listing hosted by a non-profit. If you do not have access to the Internet call NC Housing Search at 1-877-428-8844.

Access the “Affordable Housing Primer”

designed to provide important basic information and resources that individuals, particularly persons with disabilities, their advocates, families, and service providers, can use to increase understanding of the housing system and help meet their needs. For more information visit the North Carolina Housing Coalition at <http://www.nchousing.org/affordable-housing-primer/affordable-housing-primer> or call 1-919-881-0707.

Use the Internet to find local HUD subsidized housing resources -

Go to the HUD (US Department of Housing and Urban Development) Web site at www.hud.gov. On the far-left hand side of the screen there is a list of topics, click “Renting” and you will access the renting page. There are three major kinds of federally subsidized housing listed on this page.

- The first is privately owned subsidized housing. Click on search for an apartment and then from the list of states click on NC. Select an area by city, county or zip code. You will get a list of all the privately owned Section 8 properties in your community. Call the property for additional information.
- The second type is Public Housing; the third is the Housing Choice Voucher Program (also known as Section 8 tenant based rental assistance). Access to both of these programs is through local public housing authorities or administering agencies. Click on public housing agency and then on North Carolina from the list or the map. You will get a list of all the Public Housing Authorities (PHA) and agencies that administer Section 8 in the state. Scroll until you find your city or town. Many PHAs have preferences for persons with disabilities. Call the agency and inquire if the wait list is open; if it is open make application to be placed on the waitlist. If it is closed ask how you can be informed if when it opens again.

Find Rural Housing Services multifamily rental projects in rural communities. Go directly to www.rurdev.usda.gov. On the left side of the screen click **list of apartment complexes**. On the next screen you will need to search by state and town. This will bring up the list of USDA developments in each county with additional links to project specific information. Call the property for additional information.

Locate Housing Credit Properties from the NC Housing Finance Agency at www.nchfa.com. The “**Affordable Housing Locator**” can provide you with information about Low Income Housing Tax Credit Developments by county. Though not subsidized to the extent of other resources listed above, by regulation LIHTC developments must accept Section 8 vouchers from otherwise qualified households and some have project based rental assistance making them affordable to persons with lower incomes. Call the property for additional information.

Information and Referral Resources for Services

- NCcareLINK - a Web site providing up-to-date information about programs and services across N.C. for families, seniors, youths and everyone in-between. It is a collaborative effort of the N.C. Department of Health and Human Services and many other government and non-profit information and referral stakeholders across North Carolina. Go to <https://www.nccarelink.gov/>. Due to new security settings Firefox users will be asked to create an exception for the site because Firefox may not initially recognize the settings.
- County specific housing guides are located on the North Carolina Housing Coalition website. Scroll to the bottom of the page at http://www.nchousing.org/housing_assistance/housing_location/index_html and you will see the county specific guides.

Disability Resources for Adult Services

<p>NC Division of Vocational Rehabilitation Services (DVR)</p> <p>Services to people with physical or mental disabilities, including job coaching and placement, transportation, personal assistance</p> <p>919-855-3500 (voice /TTY)</p> <p>http://www.ncdhhs.gov/dvrs</p>
<p>Independent Living Services (IL) part of DVR</p> <p>Provide services to people with disabilities including counseling and guidance, personal care assistance, home and vehicle modification and assistive technology needs.</p> <p>919-855-3500 (voice/TTY)</p> <p>http://www.ncdhhs.gov/dvrs/pwd/ils.htm</p>
<p>NC Assistive Technology Program (NCATP)</p> <p>Provides assistive technology (AT) services to people of all ages</p> <p>919-850-2787 (voice/TTY)</p> <p>www.ncatp.org</p>
<p>NC Division of Services for the Blind (DSB)</p> <p>Services to people with visual impairments, including education, rehabilitation, eye care, assistive technology needs.</p> <p>919-733-9822 (voice/TTY)</p> <p>http://www.dhhs.state.nc.us/dsb/</p>
<p>NC Library for the Blind and Physically Handicapped</p> <p>Public library that circulates digital and large print copies of books and magazines for people that have visual or physical disabilities.</p> <p>1-888-388-2460</p> <p>http://statelibrary.dcr.state.nc.us/lbph/lbph.htm</p>
<p>NC Division of Services for the Deaf and Hard of Hearing</p> <p>919-874-2212 (voice/TTY)</p> <p>http://dsdhh.dhhs.state.nc.us/</p>
<p>Equipment Distribution Program (EDP)</p> <p>Provides specialized equipment (telephones, hearing aids, communication devices, alerting devices and weather alerts) at no charge to financially qualifying residents of NC who are Deaf, Hard of Hearing, Deaf-Blind, or have a speech disability.</p> <p>(919-874-2212)</p> <p>http://www.ncdhhs.gov/dsdhh/services/telecommunications.htm</p>
<p>NC Division of Aging and Adult Services</p> <p>Various services for older adults and family care givers.</p> <p>919-733-3983 (voice/TTY)</p> <p>http://www.dhhs.state.nc.us/aging/</p>
<p>NC Division of Public Health</p> <p>Information on health promotion and disease prevention, chronic disease and injury, arthritis and osteoporosis.</p> <p>919-707-5200 (voice/TTY)</p> <p>www.ncpublichealth.com</p>

<p>NC Division of Mental Health, Developmental Disabilities, Substance Abuse Services http://www.dhhs.state.nc.us/mhddsas/ NC Division of Social Services Social services for adults and their families. 919-733-3055 http://www.dhhs.state.nc.us/dss/</p>
<p>Center for Universal Design N.C. State University Services and information for making environments more usable and accessible for people of all ages and abilities. 919-515-8545 www.design.ncsu.edu/cud</p>
<p>Client Assistance Program (CAP) Assistance in understanding and using rehabilitation services. 1-800-215-7227 http://dvr.dhhs.state.nc.us/DVR/CAP/caphome.htm</p>
<p>Disability Rights NC Statewide protection and advocacy program 1-877-235-4210 http://www.disabilityrightsn.org/</p>
<p>Medicaid Contact Care-Line 1-800-662-7030 http://www.dhhs.state.nc.us/dma/</p>
<p>Medicare 1-800-633-4227 http://www.dhhs.state.nc.us/dma/</p>
<p>Social Security Administration 1-800-772-1213(Voice) http://www.ssa.gov</p>
<p>Veterans Affairs Programs 1-800-827-1000 http://www.doa.state.nc.us/doa/vets/va.htm</p>
<p>Workers Compensation – Industrial Commission 919-807-2500 http://www.comp.state.nc.us</p>

Glossary of Terms

ACT	Assertive Community Treatment
AAA	Area Agency on Aging (place on first line)
ACTT	Assertive Community Treatment Team
ADA	American with Disabilities Act
ADATC	Alcohol/Drug Addiction Treatment Centers
ADHC	Adult Day Healthcare
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADVP	Adult Day Vocational Program
AHEC	Area Health Education Center
ARRA	American Reinvestment and Recovery Act
NAMI	National Alliance for the Mentally Ill
APA	American Psychiatric Association
ARC	Association for Retarded Citizens-NOTE: term “Mental Retardation” is considered degrading and no longer used-ARC now known as “The Arc”
ASAM	American Society of Addiction Medicine
ASANC	Association of Self-Advocates of NC
ASNC	Autism Society of North Carolina
AT	Assistive Technology
BIANC	Brain Injury Association of NC
CAP	Community Alternatives Program
CARF	Council on Accreditation of Rehab Facilities
CBT	Cognitive Behavioral Therapy
CBS	Community Based Services
CCD	Consortium of Citizens with Disabilities
CDC	Centers for Disease Control
CDSMP	Chronic Disease Self Management Program
CILs	Centers for Independent Living
COA	Council on Accreditation
CRC	Community Resource Connections for Aging and Disabilities
COE	Collaborative Operating Entities
CP	Cerebral Palsy
CPDMI	Coalition for Persons Disabled by Mental Illness
DAAS	Division of Aging and Adult Services

DD	Developmental Disabilities
DFS	Division of Facility Service
DHSR	Now Division of Health Service Regulation
DHHS	Department of Health and Human Services
DMA	Division of Medical Assistance
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
DJJDP	Dept. of Juvenile Justice and Delinquency Prevention
DOC	Department of Correction
DPI	Department of Public Instruction
DSB	Division of Services for the Blind
DSDHH	Division of Services for the Deaf and the Hard of Hearing
DSM-IV	Diagnostic and Statistical Manual of Mental Illness, 4th Revision
DSMP	Diabetes Self Management Program
DSS	Division of Social Services
DVRS	Division of Vocational Rehabilitation Services
FASD	Fetal Alcohol Spectrum Disorder
FTEE	Full Time Employee Equivalent
GACCY	Governor's Advocacy Council on Children and Youth
GACPD	Governors Advocacy Council for Persons with Disabilities
Now DRNC	Disability Rights-North Carolina
HCBS	Home and Community Based Services
HIPAA	Health Insurance Portability & Accountability Act
HUD	Housing and Urban Development
IADL	Instrumental Activities of Daily Living
ICF/MR	Intermediate Care Facility for Mental Retardation
I/DD	Intellectual/Developmental Disability
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
JCAHO	Joint Commission on the Accreditation of the Healthcare Orgs.
LCA	Local Contact Agency
LCSW	Licensed Clinical Social Worker
LME	Local Management Entity
MDS	Minimum Data Set
MI	Mental Illness
MIPPA	Medicare Improvements for Patients and Providers Act
MOA	Memorandum of Agreement

MOU	Memorandum of Understanding
OLTS	Office of Long Term Supports and Services
PCHDP	Person-Centered Hospital Discharge Planning
PLA	Private Living Arrangement
PSR	Psychosocial Rehabilitation
PT/OT/Speech	Physical Therapy/Occupational Therapy
PTSD	Post Traumatic Stress Disorder
QDDP	Qualified Development Disabilities Professional
QI	Quality Improvement
QMHP	Qualified Mental Health Professional
RFP	Request for Proposal
SH	Supportive Housing
SHIIP	Seniors' Health Insurance Information Program
SILC	State Independent Living Council
SPMI	Severe and Persistent Mental Illness
SSBG	Social Services Block Grant
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
VR	Vocational Rehabilitation
VRIL	Vocational Rehabilitation Independent Living Program



*North Carolina Department of Health & Human Services
Community Resource Connections for Aging & Disabilities*

This document was developed by the N.C. Department of Health and Human Services under grant CFDA 93.779 from the Centers for Medicare and Medicaid Services. However, the content does not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal government.

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